

Utah State Office of Education Standard Application for Financial Assistance

2009-2010

General Information

1. Applicant's Name: _____

Street Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

2. Date of Application: _____

3. Duration of Award: Begin: _____

End: _____

4. Type of Credit: ☐ Re-licensure Points ☐ Undergraduate
 ☐ USOE Credit ☐ Graduate
 ☐ University Credit ☐ Continuing Ed.

5. USOE Specialist/Monitor: _____

6. Descriptive Name of Program: _____

7. School District/Institute: _____

8. Professional Development Type(s): ☐ Endorsement (HQ) ☐ Local Support
 ☐ Compliance ☐ Professional Development

9. Trainer(s)/Responsible Entity: ☐ USOE (Utah State Office of Education)
 ☐ District/Charter School (LEA)
 ☐ University
 ☐ Other: _____

10. Brief Description:

Application Procedure

- 1) Complete all sections of this application. Incomplete applications will not be accepted.
- 2) Application must be stapled or clipped in the upper left-hand corner.
- 3) Submit all materials to:

Education Specialist
Utah State Office of Education
250 East 500 South
P.O. Box 144200
Salt Lake City, Utah 84114-4200.

PLEASE TYPE OR PRINT

Part 1: General Information	
PERSON SUBMITTING FORM	AGENCY (District/Charter School/University/Etc)
DATE OF APPLICATION	DURATION OF AWARD Begin: _____End: _____
USOE Specialist/Monitor:	
DESCRIPTIVE NAME OF PROGRAM	
ABSTRACT	

PLEASE TYPE OR PRINT

Part 2: PROGRAM NARRATIVE

Applicant:

Project Name:

OBJECTIVE (Clearly state each objective of this proposal.)

ACTIVITES (Describe the activities to accomplish each objective.)

EVALUATION (Describe how each activity will be evaluated to determine the efficacy of the activity to meet the objective.)

PLEASE TYPE OR PRINT

Part 3: BUDGET		
Applicant:		Project Name:
Description	Funding Requested	Matching Funds (if Applicable)
A. (100) Salaries		
B. (200) Employee Benefits		
C. (300) Purchased Professional & Technical Services		
D. (400) Purchased Property Service		
E. (500) Other Purchased Service		
F. (580) Travel		
G. (600) Supplies & Materials		
H. (800) Other (Exclude Audit Costs)		
I. TOTAL DIRECT COSTS (Lines A through H)		
J. (800) Other (Audit Costs)		
K. Indirect Cost (I * Approved Indirect Cost Rate)		
L. Property (includes equipment)		
M. TOTAL (Lines I through L)		

ASSURANCES

The applicant assures compliance with each of the following requirements:

- (a) A complete report of the use of funds and accomplishment of activities on or before Oct 1. Contact USOE specialist for form.
- (b) Appropriate credit will be available and awarded.
- (c) List of attendees and their Cactus numbers will be submitted to USOE.
- (d) Fiscal monitor to assure compliance with federal and state regulations.

PERSON SUBMITTING Application (printed name)

E-mail ADDRESS:

SUPERINTENDENT/DEPARTMENT HEAD (printed name)

SUPERINTENDENT/DEPARTMENT HEAD (signature)